Case 23-18017-MBK Doc 21 Filed 11/16/23 Entered 11/16/23 08:39:01 Desc Main Document Page 1 of 6

Fill in this information to identify your case:				
Debtor 1	Robert J. Carothe	ers, Jr.		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY		
Case number	23-18017			
(if known)				

■ Check if this is an amended filing

	ficial Form 106Sum mmary of Your Assets and Liabilities and Certain Statistical Information		12/15
Be a	as complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend roriginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	or supplyin	g correct
Par	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	285,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	49,131.47
	1c. Copy line 63, Total of all property on Schedule A/B	\$	334,131.47
Par	t 2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	223,608.25
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	12,291.49
	Your total liabilities	\$	235,899.74
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	8,817.05
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,467.40
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other scł	nedules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	s box and s	ubmit this form to

the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Robert J. Carothers, Jr. Case number (if known) 23-18017

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$\_\_\_\_\_10,912.09

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
<ol> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)</li> </ol>	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Fill in this information	to identify your case:	
Debtor 1	Robert J. Carothers, Jr.	
Debtor 2 (Spouse, if filing)		
United States Bankrup	otcy Court for the: DISTRICT OF NEW JERSEY	
	-18017	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form	<u> 1061</u>	MM / DD/ YYYY

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment				
1.	Fill in your employment information.		Debto	r 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Empleyment status*	■ Em	ployed	■ Employed
in	attach a separate page with nformation about additional	Employment status*		t employed	☐ Not employed
	employers.	Occupation	Mailr	oom	Dispatcher
	Include part-time, seasonal, or self-employed work.	Employer's name	State	of New Jersey	State of New Jersey
	Occupation may include student	Employer's address			
	or homemaker, if it applies.	er, if it applies.		on, NJ 08625	Trenton, NJ 08625-0951
		How long employed th	nere?	20 Years	
				*See Attachment for	Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 4,458.89 \$ 7,983.78

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Robert J. Carothers, Jr.			Case	e number (if known)	23-1	8017		
	0	and the same	4		Foi	r Debtor 1	non	Debtor :	pouse	
	Cop	y line 4 here	4.		\$_	4,458.89	\$_	7,	983.78	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a		\$_	711.01	\$_		522.95	
	5b.	Mandatory contributions for retirement plans	5b		\$_	334.43	\$_		414.90	_
	5c.	Voluntary contributions for retirement plans	50		\$_	0.00	\$_		0.00	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	50		\$_ \$	588.64	\$_ \$		775.93 32.35	_
	5f.	Domestic support obligations	5e 5f		\$ _	290.57 0.00	\$ _		0.00	_
	5g.	Union dues	50		\$ -	44.59	\$-		0.00	_
	5h.	Other deductions. Specify:	_	) 1.+	\$		+ \$		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$	1,969.24	\$	2,	746.13	-
7.	Calo	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,489.65	\$		237.65	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0		_		_			-
	O.L.	monthly net income.	88		\$_	0.00	\$_ \$		0.00	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	8b	).	\$_	0.00	Φ_		0.00	_
		settlement, and property settlement.	80	<b>)</b> .	\$_	0.00	\$		0.00	_
	8d.	Unemployment compensation	80		\$_	0.00	\$_		0.00	_
	8e.	Social Security	86	<del>)</del> .	\$_	0.00	\$_		0.00	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	\$		0.00	
	8g.	Pension or retirement income	_ 8g	<b>J</b> .	\$	0.00	\$		0.00	_
	8h.	Other monthly income. Specify: Federal Tax Refund	8h	1.+	\$	331.42	+ \$		0.00	=
		Second Job	_		\$_	758.33	\$		0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	1,089.75	\$_		0.00	0
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_		3,579.40 + \$	5,2	237.65	= \$	8,817.05
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe				•	Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						. 12.	\$	8,817.05
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?						Combir monthl	ned y income
	П	Yes. Explain:								

Official Form 106l Schedule I: Your Income page 2

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Debtor 1	Robert J. Carothers, Jr.	Case number (if known)	23-18017
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# Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation		
Name of Employer	Auto Zone	
How long employed		
Address of Employer	123 S Front Street	
. ,	Memphis, TN 38103	

Official Form 106l Schedule I: Your Income page 3

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Fill in this info	rmation to identify your	case:		
Debtor 1	Robert J. Carothe	ers, Jr.		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	23-18017			
(if known)				Check if this is an
,				
				amended filing

Official Form 106Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who	is NOT an attorney to help you fill out bankruptcy forms?
No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119)
hat they are true and correct.  X /s/ Robert J. Carothers, Jr.	ve read the summary and schedules filed with this declaration and
Robert J. Carothers, Jr. Signature of Debtor 1	Signature of Debtor 2
Date 11/16/2023	Date